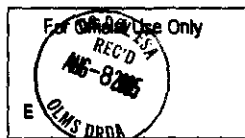


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5367</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>HOWARD</u> <u>REDMOND</u> P.O. Box, Bldg., Room No., if any _____ Street <u>24 STURT PLACE</u> City <u>STATEN ISLAND</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10312</u>	4. Name, file number, and address of labor organization. Name <u>LOCAL 804 I.B.T.</u> Labor Organization File Number <u>031-841</u> P.O. Box, Building and Room Number, if any _____ Street <u>34-21 REVIEW AVE</u> City <u>LONG ISLAND CITY</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11101</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>NONE</u> Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ 7. b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Howard Redmond</u>	On <u>7-26-05</u> <u>718-786-5700</u> Date Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UNITED PARCEL SERVICETrade Name, if any: U. P. S.

P.O. Box, Bldg., Room No., if any

Street 55 GLENLAKE PKWY N.E.City ATLANTAState GA. ZIP Code + 4 30328

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 804-447 U.P.S. RETIREMENT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 55 GLENLAKE PKWY N.E.City ATLANTAState GA. ZIP Code + 4 30328

11.a. Nature of such dealing.

SEGAL ADVISORS CONFERENCE
IN DORADO P.R.
APRIL 25TH TO THE 29TH

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

TRUSTEE ON PENSION FUND
SEMINAR FOR EDUCATIONAL
PURPOSE
ALL EXPENSES PAID

12.b. Amount.

2,479.62

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



ADDITION TO LM 30

HOWARD REAMOND
24 SHORT PLACE
STATEN ISLAND NY 10312

LAMAR ORGANIZATION

position
PRESIDENT

LOCAL 804 I.B.T.

FILE # 031-841

3421 REUBEN AVE

LONG ISLAND CITY

NEW YORK N.Y. 11101

RECEIVED FROM AMALGAMATED BANK
1 BLANKET \$ 38.22

15 UNION SQ.

NEW YORK NY 10003-3378